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NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

05/01/2008

EXAMINER
WESSENDORF, TERESA D

Attn: David P. Lentini Chiron Corporation P. O. Box 8097

Emeryville, CA 94608

ART UNIT

PAPER NUMBER

1639

DATE MAILED; 05/01/2008

| | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 10/025,423 | 12/18/2001 | Ronald N. Zuckermann | 16141.003 | 6469 |

TITLE OF INVENTION: OLIGONUCLEOTIDE TRANSFECTION SCREENING METHOD

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 08/01/2008 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| appropriate. All further | correspondence includired below or directed oth | ng the Patent, advance of | rders and notification of m | aintenance fees will | be mailed to the current | correspondence address as rate "FEE ADDRESS" for | |
|---|--|--|--|---|--|---|--|
| | | ock 1 for any change of address) | Fee(| s) Transmittal. This c rs, Each additional pa | ertificate cannot be used fo | r domestic mailings of the or any other accompanying nt or formal drawing, must | |
| Attn: David P. Chiron Corporat P. O. Box 8097 | ion | /2008 | I box | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| Emeryville, CA | 94608 | | | | | (Depositor's name) | |
| | | | | | | (Signature) | |
| | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | A | TTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/025,423 TITLE OF INVENTION | 12/18/2001 : OLIGONUCLEOTIDE | E TRANSFECTION SCR | Ronald N. Zuckermann EENING METHOD | | 16141.003 | 6469 | |
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| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | |
| WESSENDOR | F, TERESA D | 1639 | 435-007200 | | | | |
| "Fee Address" ind PTO/SB/47; Rev 03-C Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Unl | ondence address (or Cha 3/122) attached. ication (or "Fee Address 12 or more recent) attach ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp | Indication form Indica | 2. For printing on the pa (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be ITHE PATENT (print or typ data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY | 3 registered patent at ely, e firm (having as a megent) and the names on neys or agents. If no orinted. e) etent. If an assignee assignment. | ember a 2 of up to name is 3 is identified below, the do | ocument has been filed for | |
| Please check the appropr | | | • , | - | | up entity Government | |
| 4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies | | | ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | |
| | s SMALL ENTITY statt | ıs. See 37 CFR 1.27. | | | ENTITY status. See 37 CF | | |
| NOTE: The Issue Fee an interest as shown by the | d Publication Fee (if requeecords of the United Sta | uired) will not be accepte tes Patent and Trademark | d from anyone other than the Office. | ne applicant; a register | red attorney or agent; or th | e assignee or other party in | |
| Authorized Signature | | | | Date | | | |
| Typed or printed name | | | | Registration No. | | | |
| an application. Confident submitting the completed this form and/or suggesti | tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DC | U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th | on is required to obtain or re 1.14. This collection is esti- depending upon the indiving e Chief Information Office COMPLETED FORMS TO | mated to take 12 min dual case. Any comm r. U.S. Patent and Tra | utes to complete, including nents on the amount of ting demark Office, U.S. Depa | g gathering, preparing, and ne you require to complete atment of Commerce, P.O. | |

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| Chiron Corporation | 1 | | ART UNIT | PAPER NUMBER | | |
| P. O. Box 8097 Emeryville, CA 94608 | | | 1639 DATE MAILED: 05/01/200 | 8 | | |

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

| Intoniou Summan | 10/025,423 | ZUCKERMANN ET AL. | |
|---|--|--|--------------------------------|
| Interview Summary | Examiner | Art Unit | |
| | T. D. Wessendorf | 1639 | |
| All participants (applicant, applicant's representative, PTO | personnel): | | |
| (1) <u>T. D. Wessendorf</u> . | (3) <u>Anna Gavrilova</u> . | | |
| (2) | (4) | | |
| Date of Interview: <u>1/7,4/23, 4/25/08</u> . | | | |
| Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2 | 2)∏ applicant's representative | ·] | |
| Exhibit shown or demonstration conducted: d) Yes If Yes, brief description: | e) <u> No.</u> | | |
| Claim(s) discussed: <u>13</u> . | | | |
| Identification of prior art discussed: of record. | | | |
| Agreement with respect to the claims f)⊠ was reached. g |)□ was not reached. h)□ N | I/A. | |
| Substance of Interview including description of the general reached, or any other comments: <u>applicants agreed to ame allowance. See the amendments of 1/16/08 and the attached</u> | end the claims that placed the | | |
| (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached | opy of the amendments that w | | |
| THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW ON REVERSE SIDE OF ON Attached sheet. | last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V | been filed, APP ' DAYS FROM T WHICHEVER IS | LICANT IS THIS LATER, TO |
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| Examiner Note: You must sign this form unless it is an | Examiner's signature, if requi | red | |

Application No.

Applicant(s)